

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>RITTENHOUSE SENIOR LIVING OF PORTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6235 STERLING CREEK RD</b> <b>PORTAGE, IN 46368</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00170671 and IN00170984.</p> <p>Complaint IN00170671- Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00170984-Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey Dated: April 14, 2015.</p> <p>Facility number: 012396 Provider number: 012396 AIM number: N/A</p> <p>Census by bed type: Residential: 98 Total: 98</p> <p>Census Payor type: Other: 98 Total: 98</p> <p>Residential sample: 8</p> <p>Rittenhouse Senior Living of Portage was found to be in compliance with 410 IAC 16.2.5 in regard to the Investigaion of Complaints IN00170671 and IN00170984.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE